MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No..... Primary Registration District No. (Usual place of abode) Length of residence in city or town where death occurred How long in U. S., if of foreign birth? mas. statement of PERSONAL AND STATISTICAL PARTICULARS 3. SEX SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) 1dow 5A. IF MARRIED, WIDOWED, OR DIVORCED should be a **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Every item of information should be carefully supplied. AGE she OF DEATH in plain terms, so that it may be properly classified. 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc. 9 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and Other contributory causes of imports occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **13. NAME** 14. GIRTHPLACE (CITY OR TOWN).. (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NA Where did injury occur?..... 16. BIRTHPLACE (CPTY OR TOWN (STATE OR COUNTRY) Manner of Injury..... OR REMOVAL Nature of injury..... 24. Was disease or injury in any way If so, specify.. (Signed). (Address). Registrar.

Do not use this space.

42931

mos.

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended

.... Death is said

to have occurred on the date stated above, at . 2450 m. The principal cause of death and related causes of importance were as follows. Date of onset

Date of.

(Specify city or town, county, and State)

Specify whether rajury occurred in industry, in home, or in public place.

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